

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13635

MAY 15 1940

799

1003

State File No.

Registrar's No.

3837

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis M
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Phena DeFend

153

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John DeFend

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 25 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 1 hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Frederick Michael

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Noltkamper

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John DeFend

(b) Address 4973 Alcott Ave.

17. (a) Burial (b) Date thereof 4-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 29 1940 (b) J. B. Bredbeck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4973 Alcott Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 26 year 1940 hour 12.10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr. 6, 1940, to Apr. 26, 1940, that I last saw him alive on Apr. 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Industrial Obstruction Duration _____

Due to Acute General Circulation
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ca 7 Prostate
Of autopsy Primary site right ureter

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. B. Bredbeck (M.D. or other) _____
Address 4930 Lincolnton Blvd. Date signed 4-27-40

4930
119-1-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.